CALIGRA MANAGEMENT, LLC
1201 ELKFORD LANE
JUSTIN, TX 76247
817-726-3015 (phone)
888-501-0299 (fax)

Notice of Independent Review Decision

October 26, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Medication refill on zolpidem 10 mg #30 tablets for six refills that was received on August 13, 2015

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back on XX/XX/XX.

On xxxxx, the patient for back pain and pain radiating to the right posterior hip down the right leg to the level of the right knee. the patient was still driving and operating a wrench. He was not doing any lifting. Current pain level was 4/10. The patient was utilizing Robaxin, zolpidem, meloxicam and amitriptyline at bedtime. On examination, reflexes were 2/4 at the patella and Achilles tendons. The patient was tender in the right lower back, the right lateral hip and right buttock area. This area was described as more of a numb sensation as well as pain, tingling and pins and needles. Gait was reciprocal. The diagnoses were tear of the medial and lateral cartilages or meniscus of the knee, and contusion of the back. Lyrica was prescribed and the patient was advised continue

current medications as well as regular duty.

On xxxxx, the patient reported intermittent back pain. He was not sure if gabapentin was making any difference because he had been taking pain medication for some recent dental work. back pain was reported as 3 to 5/10. The patient reported his feet had stopped hurting. On examination, the patient was tender in the right flank, right lateral hip and right iliac crest posteriorly. He had poor movement of his lumbar spine secondary to pain recommended continuing gabapentin and current work status and starting a home exercise program (HEP).

performed a peer review on xxxxx, and gave the following opinions: the patient had been placed at maximum medical improvement (MMI) by multiple providers and therefore continued treatment was not medically necessary, reasonable, related or supported by ODG. Further active treatment were not medically necessary, reasonable, related or supported by the ODG. Review of the previous peer reviews, medical records and the current medical records provided did not support the use of any prescription medications for the claim. This included methocarbamol, meloxicam, gabapentin, amitriptyline and zolpidem. Specifically, zolpidem was indicated for short-term relief of insomnia and was not supported by the ODG for long-term or chronic use. Further active treatment was unlikely to result in significant clinical improvement or change in functional status.

According to the peer review, the patient was injured on XX/XX/XX, when he was and a weight fell on him.

On xxxxx, the request for zolpidem 10 mg #30 tablets with six refills was non-certified. Rationale: *"Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term."*

On xxxxx, a reconsideration request for zolpidem 10 mg #30 with six refills was non-authorized. Rationale: *"Based on review of the medical records provided, the proposed treatment consisting of Zolpidem 10 mg #30 tablets with six refills is not appropriate or medically necessary for this diagnosis and clinical findings. While ODG's Chronic Pain Chapter Zolpidem topic acknowledges that Ambien is indicated in the short-term treatment of insomnia, here, however, the 30-tablet, 6-refill supply of Ambien at issue implies chronic, long-term, and/or nightly usage of the same, i.e., usage well in excess of the short-term role for which Ambien is espoused, per ODG. As with the preceding request, the attending provider failed to furnish any clear or compelling rationale or medical progress notes to the xxxxx, RFA form, which would offset the unfavorable ODG position on the same. Therefore, the request is not medically necessary."*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
As noted in the ODG Chronic Pain Chapter, Zolpidem a sleep aid which is approved for short term insomnia treatment purposes, typically in the order of two to six weeks. It is not recommended, on the chronic, long-term, sustained, and/or scheduled basis for which it is being proposed here. Thus Zolpidem 10mg #30 with 6 refills non-certification is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES